PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032

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7	1995, no person are require				lete if Knowi		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		8). A			0/565,021-Conf. #9002		
FEE TRANSMITTAL			Filing Date Jar		anuary 17, 2006		
					ichard C. Sch	C. Schlegel	
For FY 2007					Sean E. Aeder		
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1642				
TOTAL AMOUNT OF PAYMENT (\$) 225.00			Attorney Docket No. G0762.70006US01				
METHOD OF PAYMENT (check	all that apply)						·
X Check Credit Card	Money Order	None	Other (p	please identi	fy):		
Deposit Account Deposit Account I	Number: 23/2825 Deposi	t Accoun	it Name:	Wolf, G	reenfield & Sa	cks, P.C.	
For the above-identified depo	sit account, the Direct	or is he	ereby authorize	d to: (check	all that apply)		
Charge fee(s) indicated	I below		Charge	e fee(s) indi	cated below, ex	cept for th	e filing fee
Charge any additional f	ee(s) or underpaymen	ts of	X Credit	any overpa	yments		
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E	KAMINATION FEES						
·		SEAR	CH FEES	EXAMINA	ATION FEES		
Application Type Fee (\$	Small Entity) Fee (\$) Fe	e (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility 300		00	250	200	100	1,000,1	<u> </u>
Design 200		00	50	130	65		
Plant 200		00	150	160	80		
Reissue 300		00	250	600	300		
Provisional 200	100	0	0	0	0		
2. EXCESS CLAIM FEES	100	U	V	V	U		Small Entity
Fee Description			•			Fee (\$)	Fee (\$)
Each claim over 20 (including Reiss	ues)				•	50	25
Each independent claim over 3 (incl						200	100
Multiple dependent claims	· ,					360	180
Total Claims Extra Claims	Fee (\$)F	ee Pai	d (\$)	Mu	Itiple Depende	nt Claims	
. =	· =			Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$	1
HP = highest number of total claims paid for	, if greater than 20.						_
Indep. Claims Extra Claims	Fee (\$) F	ee Pal	d (\$)				
HP = highest number of independent claims	paid for, if greater than 3.	•					
3. APPLICATION SIZE FEE If the specification and drawings explications under 37 CFR 1.52(e)), sheets or fraction thereof. See 3	the application size fe	e due i	s \$250 (\$125 f)
<u>Total Sheets</u> <u>Extra Sheet</u>	<pre>Number of ea /50 =</pre>		itional 50 or frac			<u>Fee !</u>	Paid (\$)
4. OTHER FEE(S)			· • · · · · · · · · · · · · · · · · · ·	, ·	<u></u>	Fees	Paid (\$)
Non-English Specification, \$13	0 fee (no small entity	discou	nt)				
Other (e.g., late filing surcharge)	: 2252 Extension for	r resp	onse within se	econd mor	<u>nth</u>	22	5.00
SUBMITTED BY			· · · · · · · · · · · · · · · · · · ·				
Signature Patricia	Gamaha	RI (A	egistration No. ttomey/Agent)	32,227	Telephone	(617) 640	6-8000
Name (Print/Type) Patricia Granaha	٨				Date	June 6,	2007

Certificate of Malling Under 37 CFR 1.8(a) I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on
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Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Dated: 6/6/07 Signature: Mustine M. Colour (Christine M. Colbert)

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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TRANSMITTAL			Application Number	10/565,021-Conf. #9002	
		Filing Date	January 17, 2006		
		First Named Inventor	Richard C. Schlegel		
			Art Unit	1642	
(to be use	ed for all correspondence after	initial filing)	Examiner Name	Sean E. Aeder	
Total Number of Pages in This Submission		Attorney Docket Numb	er G0762.70006US01		
	EN	CLOSURES	(Check all that app	ly)	
X Fee Transr	mittal Form	Drawing(s)		After Allowance Communication to TC	
x Fee	Attached	Licensing-rel	ated Papers	Appeal Communication to Board of Appeals and Interferences	
x Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
After Final		Petition to Convert to a Provisional Application		Proprietary Information	
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Letter	
x Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):	
Express Abandonment Request		Request for Refund		Return Receipt Postcard Check in the amount of \$225.00	
Information Disclosure Statement		CD, Number of CD(s)			
Certified C	opy of Priority (s)	Landso	ape Table on CD	·	
	issing Parts/ Application	Remarks	· • • • • • • • • • • • • • • • • • • •		
	y to Missing Parts under FR 1.52 or 1.53				
	•				
			·	•	
Firm Name			ANT, ATTORNEY, OF	AGENT	
	WOLF, GREENFIEL	.D & SACKS, P.	C.		
Signature	Patricia	- Granal	ich-		
Printed name	Patricia Granahan, Sc.D				
Date	June 6, 2007		Reg. No.	32,227	

	atricia Granahan, Sc.D)	ahael	
Date J	une 6, 2007	Reg. No.	32,227
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